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ABSTRACT

Using a question-answer format, this paper examines the concept of attachment and its importance for parents and caregivers of young children. Twenty topics are addressed through an examination of relevant theory, research findings, and clinical evidence: (1) a "who's who" list of researchers on attachment; (2) definition of attachment; (3) behaviors indicating attachment system activation; (4) the dynamic interplay of the attachment system with other systems, such as exploration/curiosity; (5) measurement of attachment in infancy; (6) attachment relationships revealed by the "Strange Situation"; (7) attachment is relationship-specific; (8) cross-cultural attachment findings; (9) stability of attachment classifications over time; (10) impact of child abuse on attachment; (11) relation of infant attachment to later child competence and mastery; (12) effect of early mother return to employment on attachment; (13) measurement of attachment in preschoolers, adolescents, and adults; (14) relationship of preschoolers' interactions with peers and teachers to early attachment to parents; (15) impact of the parent-teacher relationship on infant attachment to the teacher; (16) boy and girl differences in attachment; (17) intergenerational consequences of attachment; (18) relation of attachment and temperament; (19) predictive value of attachments to mother and father for later socioemotional functioning; and (20) how child care providers can promote secure attachment, offering numerous specific suggestions for child caregivers. (Contains 124 references.) (KB)

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# ATTACHMENT AND RELATIONSHIPS: BEYOND PARENTING[1]

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Let us look at 20 Questions about attachment that can help us understand how important this concept is for parents and caregivers of very young children.

The answers to these questions lie in theory, research over the past decades, and clinical evidence across developmental stages and across cultures (Honig, 1984; 1987).

## 1. WHO'S WHO IN ATTACHMENT THEORY AND HISTORY?

Many splendid pioneers (such as Erikson, 1950; Escalona, 1968; Fraiberg, 1980; Fraiberg et al., 1975; Mahler and colleagues, 1975; Winnicott, 1931) in therapeutic intervention work with infants and families who lack harmonious mutuality in their relationships, and who may suffer from mental health disturbances, have illuminated the difficulties we have now come to call "attachment" problems in response to the work of Bowlby and Ainsworth, Sroufe, Main, and others.

## 2. WHAT IS ATTACHMENT?

As formulated by the British psychoanalyst, John Bowlby (1969,1974) about 40 years ago and by Mary Ainsworth (1982a; 1982b) who elucidated attachment behaviors between infants and their mothers in Uganda and in Baltimore, attachment is conceived of as a behavioral-motivational control system. The **set goal** of this system is for baby to feel secure. The baby gradually builds up and constructs an internal picture - a working model of the attachment figure and of the self. This early-built-up model operates outside of consciousness. Attachment, an internalized working model, then serves as a **guide** for and interpreter of future emotions, perceptions and behaviors across the life span, and across other relationships (Bretherton, 1991; Bretherton & Waters, 1985; Belsky & Nezworski, 1988; Koops et al., 1997).

Attachment builds slowly over the first few years of life. The baby gradually learns **confidence** in the availability of the attachment figure(s) in her or his life. The mental models of self

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and of the relationship pattern(s) become central components of personality.

Without special efforts or interventions, then, these unconscious templates that represent expectations (of comfort and protection from threats to survival and of being worthy of comfort and security) are relatively resistant to change.

> When an individual is confident that an attachment figure will be available to him whenever he desires it, that person will be much less prone to either intense or chronic fear than will an individual who for any reason has no such confidence... Confidence in the availability of attachment figures, or a lack of it, is built up slowly during the years of immaturity - infancy, childhood, and adolescence - and whatever expectations are developed during those years tend to persist relatively unchanged throughout the rest of life...The varied expectation of the accessibility and responsiveness of attachment figures that individuals develop during the years of immaturity are tolerably accurate reflections of the experiences those individuals have actually had. (Bowlby, 1973 p.235)

Attachment has biological roots. To determine over time whether a baby is building a secure attachment with a caregiver, watch for:

**signalling behaviors** such as crying, calling, and reaching out to the special caregiver.

**executive, self-propelled behaviors** such as approaching, seeking, climbing up on, clinging and grasping, or suckling on the special person (Honig, 1982a).

**differential behaviors to the special caregiver:** baby will more frequently and more positively smile, call to, and follow after the attachment figure compared with others. Differential referencing (looking toward the caregiver for reassurance signals) when fearful or scared; differential ability to be soothed by the special attachment figure and relax on the body of that special person so that the child can again set out to play, discover, and explore autonomously when the attachment figure is present and available - these are also characteristic of the securely attached infant (Bowlby, 1982; 1988).

No single behavior is an index of attachment. Attachment cannot be measured by any single infant behavior, such as crying when a caregiver leaves the room (Moore et al., 1996). During the first years of life, attachment develops as an active **system** that depends on the caregiver's ability, in a sensitive and reliable way, to help the baby "maintain organized behavior in the face of

increasingly high levels of arousal" (Sroufe, 1979, p. 837).

3. WHAT BEHAVIORAL LANDMARKS INDICATE ATTACHMENT SYSTEM ACTIVATION?

When an infant has a special relationship with a caregiver, then baby will seek closeness to that person when stressed, scared, overly tired, or worried by perceived danger. This behavioral system becomes organized with respect to a specific caregiving person the baby trusts to provide safety, comfort, and reassurance. The baby learns that:

. the experienced caregiver is a **reliable** source of comfort;
. troubles will not be allowed to become overwhelming for the baby;
. that the caregiver wisely helps baby cope to manage emotions when baby is overwhelmed by too much stimulation or threat.
. the caregiver will not interact in over-intrusive ways that stifle a baby's budding exploratory curiosity; baby can do unto instead of always being done unto.
. he or she is a little person worthy of being supported, protected, and responded to in helpful and affectionate ways.

Indeed, the securely attached baby is then able to use the special caregiver as a base for brave explorations. He boldly paddles across a room , almost blithely ignoring the caregiver, in order to explore a new toy. But baby is always mindful that the tuned-in caregiver is **there** for him. If he feels frightened, lonesome, or worried, he surely can return for a hug that will **refuel** him emotionally. A baby learns that she can turn her head to get a smile of encouragement and an admiring word from her special adult when she feels uncertain or threatened.

As the baby grows into the toddlerhood period with its dialectic struggles of autonomy versus doubt/ shame/ rage (so well taught to us by Erik Erikson, 1950), the basic sense of caregiver trustworthiness continues. This confidence in the caregiver is deepened, as Sroufe (1979) so felicitously put it, "by the clarity, firmness, and support the parents provide". Eriksonian theory has been implemented in the infant/toddler classrooms of the Family Development Research Program in Syracuse, New York, in order to promote optimum mental health for very young children (Honig, 1993a).

If a child's subjective sense of expected security is violated by abandonment, loss, or death, then intense distress, grief and anger occur. These are signs of the subjective reality of the emotional attachment the child had developed with the special person no longer available.

## 4. IS ATTACHMENT THE ONLY BEHAVIORAL-MOTIVATIONAL SYSTEM?

Attachment is not the only behavioral system. For adults, the attachment, caregiving, sexuality, and friendship/affiliative systems are inter-related. Indeed, parental roles as attachment figures "are complemented by their roles in feeding, play,instruction, and other activities that are guided by other behavioral systems" (Thompson, 1997, p. 595). But attachment is the first social behavioral system to develop.

For young children, attachment needs are in dynamic interplay with the systems of: exploration/curiosity and fear/wariness arousal. A fearful or worried baby is less likely to explore adventurously. A well cuddled baby with an available and intimately tuned in caregiver is more likely to feel secure enough to pad off on splendid adventures, while knowing that the special attachment figure is there for him or her. A tired baby or a toddler discouraged after his gloriously built block tower topples over, may well need the "**refueling station**" security of the caregiver's lap. A well-fed, well-rested baby paddles off to explore toys in a playroom without a glance back at the secure attachment figure, who nevertheless remains a beacon of security in case of alarm from the approach of a stranger, from fatigue, or from a perceived danger.

Attachment relationships become internally organized and operate at an unconscious level as dual templates: how the baby perceives caregivers and also how baby perceives his or her own worthiness and lovability.

For example, an abused baby feels unlovable and acts fearful as a child victim. When grown, that person may also activate the internalized model for becoming in turn a rejecting/unloving and fearsome abuser. Thus, if the caregiving environment does not improve for the young child who is at risk for insecure attachment, then the internal working model has multiple representations and may be difficult to change without personal **reflectivity** or consciously provided help.

Teenagers particularly, with their growing intellectual powers, and some adults with prayer or therapeutic help or special insightfulness, struggle nobly to reflect on the quality of their own received parenting. This ability to think about difficult/ inappropriate parenting can galvanize and motivate reflective adolescents and adults. They can decide never to punish physically or neglect or overly control a baby as they were once treated. REFLECTIVITY helps free a new young parent into more thoughtful and tender modes of treating a new baby (Brophy-Herb & Honig, 1998).

The attachment system is continually **active**. When babies feel secure, safe and deeply sure of availability of their attachment person(s), they move out to explore with vigor, absorbed in play.

If they sense danger, become alarmed, feel abandoned or threatened, their attachment needs surge and they seek proximity to their beacon of safety, their special person who knows how to cope so well and will provide the surety and soothing they now need.

The internal working model of attachment developed by the child involves perception, cognition, attention mechanisms, memory, and fantasy cohesively organized. Increasingly, the model will "come to shape the child's world view and guide his or her responses to people and events" (Lieberman & Zeanah, 1995, p.572).

## 5. HOW IS ATTACHMENT MEASURED IN INFANCY?

The first efforts to assess attachment were made by Ainsworth (1967) with Uganda infants in Africa. Upon return to the United States, she created the major method used today, an experimental procedure called the AINSWORTH STRANGE SITUATION to be used with infants 12 to 18 months. This SS measurement takes place over a 20 minute period which is divided into 3 minute episodes. In the first episode, mother (or other attachment figure) and baby are introduced into a room with toys. Baby plays in the room with mother. A stranger enters and mother leaves baby alone for 3 minutes with stranger. Mom returns. **Reunion** behaviors of the baby are carefully observed. Baby again plays in room with mom present. Then mom leaves and baby is alone for 3 minutes, and thus more stressed compared with the first departure. The stranger returns. Then mother returns and the second reunion behaviors are carefully noted and coded. The infant's relationship with any person who is the attachment figure can be assesed with this measure.

## 6. WHAT KINDS OF ATTACHMENT RELATIONSHIPS DOES THE STRANGE SITUATION REVEAL?

Four kinds of attachments (with some subsets of each kind) have been measured in the Strange Situation (SS).

### SECURE ATTACHMENT (B)

During reunion, baby seeks contact (bodily or by smiles and greetings at a distance) and proximity to mom. Baby relaxes deeply on the attachment figure's body and accepts comfort and reassurance. Baby gains courage and energy to go back to constructive play. Secure infants use the caregiver as a SECURE BASE from which to explore the environment. Baby is able to express feelings and communicate even negative feelings openly with the caregiver. Baby trusts that the caregiver will be accessible and responsive if she needs comfort, reassurance, care, or attention.

What do mother's of B babies look like during home observations (Ainsworth and colleagues, 1987)?

There is a tender/careful quality to maternal holding. Moms enjoy close cuddles and playful affectionate interactions with baby. Mothers feed in tempo with infant needs and feeding styles. Mothers give babies floor freedom to play. Mothers of secure babies interpret infant emotional signals and respond promptly and appropriately to comfort infant distress. Moms provide **contingent pacing** in their face-to-face interactions during routines and play.

INSECURE ANXIOUS ATTACHMENTS:

AVOIDANT (A)

In the Strange situation, A babies seems undisturbed by separation from mother. They seem indifferent to mom's re-entry. They ignore mom and do not ask for hugs or comfort. Babies rarely can sink contentedly into mother's body for comfort. At home, baby may be angry, demanding, and protest separation. Insecure/avoidant babies were rated years later by teachers as showing more behavior problems in a high-risk preschool group (Erikson, Sroufe & Egeland, 1985).

What do A mothers look like during home observations?

Mothers of A babies show marked aversion to close bodily contact with baby. They tend to be unexpressive emotionally with their babies and tend to be more rigid and compulsive. They also seem more often overwhelmed by resentments, irritation, and anger than other moms. More rejecting than other mothers, they are also likely to express less positive emotion. Mothers of A babies are more likely to rebuff infant attempts at snuggling closeness or infant desire for physical reassurance.

Belsky (1988) suggests that for A babies, the child's lack of trust in the attachment figure and the child's anger increase the child's risk for social difficulties, lack of compliance, lack of cooperation, and increased aggressiveness or bullying.

AMBIVALENT/HESITATING (C)

Babies labelled C approach mother obviously wanting to be close during reunion, but then their reactions are ambivalent. They turn away, cannot accept comfort; they even hit at the caregiver or squirm to get down. C babies show intense mixtures of anger and fear. They sometimes show inconsolable distress after separation. As toddlers, C babies show significantly more restricted exploration than secure toddlers. They have less imaginative symbolic play and significantly lower quality of play than secure infants. The child seems preoccupied with the mother, "provoked by uncertainty about her availability" (Cassidy & Berlin, 1994,

p.978). Children with ambivalent attachment are significantly more dependent and helpless in preschool than previously secure children (Sroufe, 1983). They are less confident and assertive, and more likely to be exploited by peers who earlier were A babies. Five to 7 year-olds who had been insecure/ambivalent in infancy reported the most loneliness compared with the other SS groups (Berlin, Cassidy, & Belsky, 1995).

What characterizes mothers of C babies during home observations?

Moms of C babies will pick up, hold, and kiss baby, but only in tune with their own tempos, needs and wishes. These mothers are narcissistic, and thus inconsistent in care rather than responsively attuned when baby is clearly distressed or needy. Instead, they are tuned into their own wishes and needs above all. Moms of C babies may be intrusive and over-controlling and try to dominate a play situation with the infant, rather than follow the child's signals as Greenspan (1990) so wisely suggests.

DAZED/DISORIENTED/DISORGANIZED (D)

The D infants seem disorganized and lack purposeful goals. They display contradictory behavior patterns, such as running toward mom for reunion, then interrupting the movement and looking confused and not completing the goal of seeking proximity or comfort. Some show disordered temporal sequences, such as strongly avoiding parent on reunion and then strongly seeking closeness. They may suddenly stop their movements in proximity - seeking, as if confused, apprehensive, or depressed.

What are the histories of mothers of D babies?

Parents of these children often have suffered unusual trauma of separation from their own parents within their own attachment histories. The parent may have experienced sudden, lengthy separation from child early in child's life.

Ainsworth (1982a) characterizes maternal behaviors associated with secure and insecure infant attachments as inducing either "virtuous" or "vicious" spirals of development.

## 7. DOES A BABY HAVE THE SAME ATTACHMENT TO EACH PARENT AND CAREGIVER?

Each attachment a baby forms is unique! A baby builds up a secure attachment with each separate person who cares for him or her. Baby responds to the innumerable small daily gestures of care. **Attachment is relationship-specific, not infant-specific** (Fox, Kimmerly, & Schafer, 1991; Sroufe, 1983).

Baby will form a secure attachment with a consistently emotionally available, caring person, tuned into infant distress signals and promptly meeting those needs appropriately. Children seem to need a special person or two the first years of life to develop a secure attachment.

Daily intimate nurturant interactions between baby and a specific caregiver, whether papa, mama or provider, or a genuinely tuned-in auntie or grandpa or grandma, form the supportive groundwork for the child to develop a secure attachment to each separate person. By the second half of the first year, a child's behaviors become intensely focused on and his behaviors become organized in response to the whereabouts and behaviors of the special attachment person. This is a hard time for a caregiver even to try to go the bathroom alone without a determined baby following right along!

Sometimes a baby has been neglected or abused or received inadequate bodily care from a distracted, over-busy parent unable to tune into the unique personality and personal needs of that tiny person. Then the childcare provider indeed becomes a crucial person who can provide another opportunity for the child to form a secure attachment to a stable, genuinely intimate loving adult who provides in sensitive ways for the child's psychological as well as physical needs. For some children, the stable, calm childcare provider with predictable ways of handling and empathic responsiveness becomes an attachment figure that the child urgently needs. If baby is already securely attached to one or more family figures, hooray! Then that child in your care is psychologically **richer** in secure attachments!

It is wise, in infant childcare, to assign a few babies to a specific caregiver. Then you can get to know baby's tempos, personality, needs, fears, styles of feeding, gas bubble problems, comfortable positions for cuddling and reading and soothing.

It is wise to ensure that the same high-quality caregiver stays with his or her babies throughout the infancy period until 36 months.

## 8. ARE CROSS-CULTURAL ATTACHMENT FINDINGS THE SAME OR DIFFERENT FOR THE USA AND OTHER CULTURES?

American studies show about 2/3 of babies are Securely attached, about 20% are Avoidant, and about 10-15% are Anxious/ambivalent. The Strange Situation has been used in dozens of studies in the USA and abroad, both in normative families and in abusive/neglecting families (Colin, 1991).

Each of the attachment classifications has been found in

different cultures where the Strange Situation experience has been replicated (Main, 1990; Sagi, 1990; Takahashi, 1986; van IJzendoorn, 1990). However, the proportions of secure, avoidant and ambivalent attachments vary depending on culture groups that have replicated the Ainsworth Strange Situation.

In the German Regensburg and Bielefeld studies, Drs. Karen an Klaus Grossman and colleagues discovered somewhat varying degrees of the A,B, and C groups. In North Germany, there was a far higher proportion of A babies than in American samples. Parents emphasized early independence more. Both in Japan and in Israel (Sagi,1990) fewer babies are classified as A babies, but more anxious/ambivalent C babies have been noted compared with the American samples.

Grossman & Grossman (1990) conclude that across cultures, "individuals with secure attachment histories pay attention to the full range of external causes for conflicting emotions, and they tolerate contradictory emotions...These developmental consequences appear to be universal. Cultural differences may exist in terms of frequency and difficulty of potentially conflicting challenges imposed" (p.31).

## 9. HOW STABLE IS ATTACHMENT CLASSIFICATION OVER TIME?

Ainsworth (1982a) has observed "It is clear that Bowlby does not believe that early infant-mother interaction sets the pattern of an infant's attachment for all time...Events occurring throughout childhood may have a profound effect on the anxiety versus security of relationships" (p.12).

Some family situations are quite stable. The infant experiences the caregiver as a sensitive, competent helper in promoting child courage to deal with complex, novel or even scary situations, such as a family moving to a new home, or a parent returning to employment and finding an alternative provider for part of the day. The parent continues to be a reliable source of responsive care even during the see-sawing difficulties of the toddler period.

Other children experience life with marked changes (Waters, Vaughn & Egeland, 1980). A single parent who was attentive and comforting has moved in with a violent partner who is moody and unstable, and she becomes more fearful and angry as well as far less attentive and tender with the baby. With such changes in life scenarios, "perfect" continuity in attachment as a system cannot be expected.

If the life situation is stable, however, then continuity over time for the child's working model of the parent-child attachment

relationship is more likely (McCormick & Kennedy, 1994).

Fortunately, if there has been an initial situation of insecure attachment, caregivers and therapists **can** make a difference (Lieberman & Pawl, 1988). Also, older children, adolescents, and adults with help can use reason and reflection as tools for change. They can think about and think through unpleasant earlier experiences and change initial mental models. "There is continual construction, revision, integration, and abstraction" (Shaver, Hazan, & Bradshaw, 1988, p.85).

During the first years, high stability of Strange Situation classification has been reported for infants in white middle-class families: 80% (Main & Weston, 1981); 81% (Connell & Thompson, 1986), and 96% (Waters, 1978). Much lower stability has been reported in high-risk samples: 60% (Egeland & Farber, 1984).

Lewis (1997), who studied 84 high school seniors, reports that although 49 were initially assessed as secure-attached at one year and 35 as insecure, by 18 years of age 57% of the initially secure were adjusted and 43% maladjusted; 74% of the initially insecure were rated adjusted and 26% maladjusted. Life problems, such as divorce, or parental loss can change outcomes. Youths and adults may reconstruct their past recollections, and intervening life traumas and losses surely will affect the stability of predictions from the infant/toddler period.

The role of marital conflict and external stressors as well as the effects of separations and losses after infancy need to be taken into account in a broader, "family-systems" perspective on the stability and predictive power of infant attachment (Cowan, 1997; Stevenson-Hinde, 1990).

## 10. HOW POWERFULLY DOES CHILD ABUSE AFFECT ATTACHMENT?

Schneider-Rosen and colleagues (1985) studied attachment in infants who had suffered abuse, whether physical injury or neglect, emotional maltreatment, or sexual abuse, in contrast to non-maltreated infants. The Ainsworth SS results showed that by 18 months, 46% were A babies, 23% were secure (B) babies, and 31% were classified as anxious resistant. This is in contrast to the non-maltreated group where the A,B,C percentages respectively were: 7%, 67% and 26%. Thus, a greater proportion of maltreated infants was non-securely attached. No clear pattern of type of relationship between type of maltreatment and quality of attachment was found. Infant avoidance was interpreted as an organized mode of responding adaptively to aberrant caregiving patterns. Stability of attachment classification was higher for the non-maltreated group (69%) than for the maltreated infants (41%) between 12 and 18 months.

George & Main (1979) observed that abused toddlers did not respond to friendly overtures from caregivers. They sidled up to teachers, rather than approaching the adults directly. When other children were hurt and cried, abused toddlers looked indifferent or reacted with anger toward those hurt peers, rather than showing empathy and concern.

Teachers and agencies need to be alert to the finding that securely attached maltreated infants shift toward insecure attachments over time. Therapeutic supports among childcare staff, home visitors and infant psychiatry personnel need to be mobilized in such cases. As Fraiberg et al.(1975) taught so eloquently, infants cannot wait on the possible success of therapeutic work with parents. They need help early on when abuse/ neglect is present. Her "kitchen therapy" techniques are models of effective and compassionate work in such cases.

Sroufe (1979) has explained that the coherence of individual development will affect stability. For example, when the young parent of an insecurely attached infant moves into a stable and loving partner relationship, the baby may gradually change from insecure to secure in attachment.

Psychological unavailability of the caregiver is dangerous and strongly predicts insecure attachment. When mothers were psychologically unavailable, then at 12 months 43% but at 18 months 86% of infants were classified as Avoidant in the Strange Situation and the rest were classified as C babies (Egeland & Sroufe, 1981).

Psychological unavailability of the primary caregiver seems to pose the largest threat in leading to decrease in IQ over the first two years of life and to increase in insecure attachment. Parents and caregivers need to treat babies in an I -THOU relationship, not an I-IT relationship!

## 11. IS INFANT ATTACHMENT RELATED TO LATER CHILD COMPETENCE AND MASTERY?

Research by Matas, L., Arend, R., & Sroufe, A. (1978) ingeniously tied secure attachment in early infancy to later toddler competence in tool-solving problem situations. Babies who had tested at 12 and 18 months as secure, avoidant, or ambivalent were brought into the laboratory as older toddlers. They were given attractive play toys, and then soon after were asked to clean up. All the toddlers expressed strong negativism about having to stop playing with these new toys so soon! However, when next placed in a room with difficult tool-using tasks that were too hard for toddlers to solve by themselves, the children previously rated secure showed zestfulness in tackling the hard tasks and were cooperative and compliant with maternal suggestions.

During the tool-using task, those who had been earlier classified as insecure infants now showed opposition, crying, temper tantrums, lack of compliance with maternal suggestions, and lack of persistence in trying to solve the problems. Their mothers gave fewer helpful suggestions. This classic study illuminates the early linkages between attachment relationship in early infancy and later socioemotional and intellectual motivation to tackle difficult tasks.

Easterbrooks & Goldberg (1990) note that secure babies may have different levels of physiological arousal and ability to maintain a state of physiological homeostasis compared with insecure babies. Thus, secure infants are more readily able to take advantages of novel opportunities for exploration. Engrossed in learning tasks, acting positively motivated and purposeful, the secure young child can exploit more chances for learning and can put more enthusiastic effort into those learning opportunities.

Their research with mother - toddler dyads revealed the importance of emotional regulation and exchange between parents and infant. Optimally, mothers were able to:
.recruit the child's attention,
.communicate the nature of the goal of a game or toy,
.effectively reduce child frustration,
.avoid negative interruptions,
.avoid rejections or negation of child attempts at symbolic play,
.show mutual pleasure and enjoyment during mother-toddler play.

Toddler attention span during structured task play was positively correlated with secure attachment to mother. Anxious resistant toddlers showed much lower ratings on structured and unstructured tasks compared with secure infants or avoidant infants. Dazed/disoriented (D) infants operated at significantly lower levels of challenge compared with the A and B babies at 13 months. A troubling finding was that maternal scaffolding for task mastery was only successful for securely attached babies but was not related to motivation or competence measures for the insecurely attached babies.

The secure infant has had positive experiences of shared attention with pleasurable arousal during joint object-play and challenging activities with a supportive sensitive caregiver who encourages and shows admiration for infant struggles toward mastery. The importance of **contingent** responses by the caregiver, and his or her **judicious pacing of stimulation** which is not intrusive or overwhelming, leads to increasing child competence and motivation toward mastery.

Continuity of adaption has been demonstrated from infancy into the early school years. Securely attached babies later in kindergarten showed more ego resiliency and ego control on the Block ego measures (Block & Block, 1980). C babies showed emotional

undercontrol. A babies showed emotional overcontrol (Arend, Gove & Sroufe, 1979).

Pastor (1981) reported that toddlers' initial sociability with peers was greater for those children who had been rated as securely attached in infancy. Fagot (1990) revealed that more antisocial behaviors occurred if preschool children had been classified as avoidantly attached in infancy. Preschool friendships are more concordant and positive for children earlier rated as securely attached (Park & Waters, 1969).

When child-mother attachment was considered at 6 years of age, social competence in school was associated with more secure attachment (Cohn, 1990).

There may be differential effects of attachment to mother and to father on quality of adaptation to preschool (Suess, Grossmann, & Sroufe, 1992). Attachment to mother is significantly more predictive.

## 12. DOES EARLY MATERNAL RETURN TO EMPLOYMENT AFFECT ATTACHMENT?

Maternal employment is difficult to assess in relation to attachment, because one must be careful to look at possible confounding variables, such as quality and amount of nonparental care or timing of infant entrance into nonparental care by the employed parent (Owen et al., 1984; Thompson, 1968 ; 1997). Belsky & Rovine (1988) reported finding a slight risk of increase in insecure attachments, aggression, and noncompliance in infants whose mothers were employed full time during the infant's first year of life. Chase-Lansdale & Owen (1987) found no relationship between maternal work status and the quality of infants' attachment to their mothers as measured by the Ainsworth SS at 12 months.

Park & Honig (1991) studied aggression (observed and teacher-reported) as well as positive social interactions among preschoolers who had been placed in fulltime nonparental care either in the first year of infancy, during the second year or not until after 36 months. They report a slight increase in aggression among preschoolers who had been placed in full time infancy care during the first year of life. But teachers also rated higher abstraction ability in the preschoolers who had been in fulltime infancy care in the first year in the first year of life. These findings make us aware that if we are careful and reflective in nurturing excellence in quality childcare, we may advance intellective skills through high quality programming. As proactive teachers we can work to increase prosocial rather than aggressive behaviors when young infants are placed in full time care.

The NICHD Early Child Care Research Network (1997), at 10

sites nationally, assessed 1,364 socially and racially diverse children at 6,15,24 and 36 months after birth (and followed them to age 6). Teen moms were excluded from the study. Positive child caregiving and language stimulation contributed between 1.3% and 3.6% of the variance to early cognitive and language development. The higher the quality of provider- child interaction, the more positive the mother child interactions, and the more sensitive and involved were the mothers over the first three years.

The longer the time that infants and toddlers spent in child care, the fewer positive interactions with their moms at 6 and 15 months of age, and the less affection with their moms at 2 and 3 years. Family income, mother's vocabulary, home environment, and parental cognitive stimulation were more important than child care quality in predicting cognitive and language advancements. Children in center care made larger gains than those in family childcare homes.

Children from ethnic minority groups were more likely to be cared for in settings that did not offer as many opportunities for messy play, reading books, and active explorations as children from other groups. Children reared in economically disadvantaged homes were more likely to be insecurely attached to their mothers. When mothers strongly endorsed statements supporting the possible benefits of maternal employment for children's development, their infants were more likely to be insecurely attached, and these moms were also observed to be less sensitive and responsive and to have their children in poorer quality care at earlier ages, for more hours per week.

Infant daycare <u>per se</u> (observed quality of care, amount of care, age of entry, and frequency of care starts ) did not appear to be a risk factor for insecure attachment. Neither infant temperament nor sex of child was related to attachment security ratings. <u>Maternal Sensitivity</u> was significant: The least psychologically well-adjusted moms (those who were least sensitive/responsive) had more infants classified A (16-19%) and fewer secure B (53-56%) compared with the most sensitive moms (9-11% A, 12-14% D, 60-65% B babies).

Dual-risk effects were found: the <u>lowest proportion of secure attachment was found when both maternal sensitivity and childcare quality were low.</u> For children with less sensitive moms, security proportions were higher if the children were in high quality care than in low quality care. Child care quality counts!

<u>Babies in stressed families of low socioeconomic status have increased vulnerability for insecure attachment when mothers enter employment early.</u> Troubling findings have been reported for infants of high-risk, low-income groups. Vaughn, et al. (1985) report grave risks of maternal early employment in poor families with high stress. When mothers went back to work early in infancy (before 12

months), then by late toddlerhood, during problem solving tasks, there were no differences between children assessed in infancy as initially secure or insecure by the Strange Situation. In contrast, those infants assessed as initially secure but having mothers who returned to work late (between 12 and 18 months) looked very different from initially insecure infants when faced with the tool-using problems and tasks. Secure children were less likely in the late-work group to behave negatively, whine, act oppositional to maternal directives, ask for mother's help, display frustrations, or say no.

All the initially anxiously attached children showed more maladaptive behaviors as toddlers challenged by difficult tool problems.

Secure children from the no-work group were rated as more enthusiastic for the most difficult tool tasks and acted more persistent in trying to solve the tasks They were more compliant and less negative, in significant contrast to the toddlers in the early maternal work group. Thus, for children vulnerable because of family poverty and stress, there seems to be an increased vulnerability, even for initially securely attached infants, when mothers return to work during the first year of life.

These studies confirm the urgency of monitoring and ensuring the provision of high quality care for infants. The findings further support the urgent need for public funds to support child development education and training for childcare providers.

## 13. HOW IS ATTACHMENT MEASURED BEYOND INFANCY?

Measures in the preschool years. For older toddlers or preschoolers, the Water's Q sort is used. The Q-Set consists of 100 items that assess the attachment, exploration, and related behavior of a young child in the home and other naturalistic settings. The items refer to specific behaviors rather than trait constructs (Vaughn, Dean, & Waters, 1985). The contents of the item sets cover eight domains: the balance of attachment-exploration; response to comforting, emotional tone, social interactions; social perception, handling of objects, dependency, and endurance.

The Q-Sort items are sorted into piles from "very like" to "very unlike" the child by a caregiver or very knowledgeable professional who has observed the child extensively. In a study of children recently entered into daycare, only short term effects on exploratory behaviors and social interaction, and no effects for child attachment to mother were found with items such as: "child easily becomes angry at mother".

Measures of adolescent or adult attachment. For adolescents and adults, the Adult Attachment Interview (AAI) developed by Main and Goldwyn (1998) is administered. Intimate questions reveal how aware the adult is about own attachments in early childhood. How reflective is the adult? How forgiving or hating now? Does the adult over-idealize parents?

Adults are rated insecure if they are: defensive, over-idealizing, non-reflective about their past in their families, have chaotic or poor childhood memories, and seem to repress memory for emotional episodes in their childhood, or remember negative episodes but with little feeling.

## 14. ARE PRESCHOOLERS' INTERACTIONS WITH PEERS AND TEACHERS RELATED TO THEIR EARLIER ATTACHMENT TO PARENTS?

### Relationships With Peers

Infancy attachment classifications have been related to later preschool functioning (Turner, 1991). Insecure Avoidant (A) infants are often characterized as bullies in the classroom. Insecure ambivalent (C) children in preschool sometime behave as victims and have troubles with peer interactions (Troy & Sroufe, 1987). Preschoolers secure in infancy attachments have been rated as more socially competent (Jacobson & Wille, 1984). Park & Waters (1969) had 4 year olds play with their best friends and collected Q-Sort scores of child-mother attachment. Secure-secure pairs of preschoolers were more harmonious, less controlling, more responsive, and happier in their play together than secure-insecure pairs.The secure-secure dyads more often negotiated a fair settlement on differences, and negotiated peacefully with each other. They more often complied with one another's requests and suggestions during play. They more often endorsed their partners' preferences and attitudes and more often shared secrets.

### Relationships with Teachers

Attachment to nonparental caregivers has begun to be more systematically assessed. Theoretically, preschool teachers may be expected to vary their behavior according to the maternal attachment history of the child (Sroufe & Fleeson, 1986; 1988). Indeed, Main & Weston (1981) reported that children securely attached both to mother and to father were the most sociable, compliant, and friendly in response to overtures by a stranger dressed as a clown. Londerville & Main (1981) reported more cooperative compliance among two year olds rated at one year as securely attached to mother.

Anderson et al., (1981) observed middle class children 19-42

months olds (who had been continuously with their caregivers in group care for at least 8 months) in the Strange Situation carried out with the caregiver and with a stranger. Each center was rated as to high physical quality (HPQ) or low physical quality (LPQ). HPQ centers had varied and age-appropriate play equipment, attractive space differentiated according to activity areas; daily learning activities; parent-teacher conferences; child-sized furniture and facilities, display of children's work and some individualization of activities and experiences. In addition, the teachers observed in classroom were rated as high-involved or low-involved in positive interactions with children.

Only children with high-involved caregivers contacted and interacted more with their caregivers than with the stranger in the SS situation. They also had a higher level of exploration and movement in the caregiver's presence. Children with low-involved caregivers actually showed a preference for contacting the stranger in this study.

Thus, the effects of attachment to nonparental caregivers in daycare may be mediated by the specific quality of the center AND by the quality of involvement of the caregiver with the children, (Howes & Stewart, 1987).

In a sample of children followed from infancy, the Q-Sort attachment ratings of preschoolers was used to measure preschooler-mother attachment. If the teacher changed before the children were 30 months old, then the Q-Sort ratings of child-teacher attachment were unstable. After 30 months, relationship quality with teachers tended to be stable regardless of whether or not the teacher changed. Infant 12 month SS scores with mother did not correlate with relationship with the teacher at 4 years. Nor was there any concordance between 4 year old attachment to mother and attachment to teacher (Howes and Hamilton, 1992).

Goosens & van IJzendoorn (1990) also found no relationship between infant attachment scores with mother, with father, and with caregiver. About 10% of their sample had insecure attachments to all three caregiving figures. Caregivers with whom infants developed a secure attachment seemed to be younger and more sensitive during free play than the caregivers with whom babies developed an insecure relationship.

Suess, Grossmann & Sroufe (1992) observed preschoolers in play groups and during a cartoon perception test at 5 years of age. Preschooler competence was significantly related to attachment to mom at one year. Children with earlier anxious attachments were more likely to misperceive negative intentions in the cartoons than children with secure histories in infancy, who were likely to be more realistic and well-meaning in responding to the cartoons. Children who had earlier been securely attached as infants were likely to have fewer social conflicts and when they did, they were

more likely to be able to resolve them themselves rather than turning the conflict over to the teacher. Behavior problems were lower for girls with earlier secure attachments, but not for boys.

Raikes (1993) reported that 91% of infants from 10 to 38 months, assessed with the Attachment Q-Sort, had secure attachments with their childcare teacher when they had been with that teacher for more than one year. Infants who had been for shorter time (5-8 months) or for medium amount of time (9-12 months) with teachers had 50% and 67% secure attachments, respectively.

These data urgently speak to the importance of childcare policy. For increased secure attachment in childcare, babies need to have consistent quality care with the same teacher. Otherwise transition times can become traumatic and stressful for young children in group care. Another way to promote easier transitions is to move children with their friends to a new classroom.

Attachment, as noted earlier, is a unique system built up between the child and each special caregiving individual. Teachers are precious resources in the front lines of ensuring that each child has a chance to develop a secure attachment with a caring adult in the classroom!

## 15. HOW PARENTS AND TEACHERS GET ALONG: DOES THAT AFFECT INFANT ATTACHMENT TO THE TEACHER?

Israeli kibbutz work by Dr. Joseph Stone in his films on infant/toddler care in kibbutzim shows clearly how secure infants feel when their mothers hand them over early in the morning to the arms of a metapelet (caregiver) who is also a close friend of the parent. The secure ease of the transition is in marked contrast to the difficult experiences some infants have in separating from mother to go to the childcare provider. Research by Noppe, Elicker, & Fortner-Wood (1998) throws more light on this question. The Waters Q-sort was employed to measure attachment for 65 middle class infants 11-20 months of age with their mothers and with their caregivers, who were also observed and interviewed. When center quality was high, more intense caregiver play with babies occurred. Infancy caregivers who had worked longest were more positive about their relationship to the mothers ($r$ = .28). Caregivers who rated their relationships with mothers favorably engaged in a higher intensity of play ($r$ = .24) and the infant-caregiver attachment scores were higher ($r$ = .47). Infant attachment to mother was lower the higher the maternal anxiousness about separation ($r$ = -.29).

Thus, deliberate center policies that enhance staff-parent rapport and good will through specific attention to close positive communication may well have the advantage of enhancing infant attachment security directly with the caregiver, and indirectly, by

allaying maternal anxiety.

## 16. ARE THERE DIFFERENCES IN ATTACHMENT FINDINGS FOR BOYS AND GIRLS?

Boys have been found more vulnerable to deprivation of affectionate maternal ministrations than girls. Among classrooms in ordinary community daycare for low-income infants, boy toddlers showed more neediness and requests for help and attention than girls (Wittmer & Honig, 1987; 1988). In the NICHD study discussed above, at 15 months boys received less responsive care than girls both in centers and in childcare homes. Thus, when male toddler neediness is not recognized or responded to in nurturant ways, they may have less secure attachments to parents and caregivers.

More attention needs to be paid to the vulnerabilities of young males when there is fulltime maternal employment early in the child's life. Chase-Lansdale and Owen (1987) reported a trend for boys more than girls to have insecure attachments with both mother and father when mothers are employed. A significantly higher proportion of insecure attachments to fathers in employed-mother families was found for boys (SS measure at 12 months) but not for girls.

In a Q-Sort study of security, boys who were highly dependent on their mothers were anxious and withdrawn in preschool, overly dependent on the teachers and rated by teachers as low in prosocial behaviors and social competence. Mother-child variables were more powerful predictors than father-child variables (LaFreniere, Provost, & Dubeau, 1992).

## 17. DOES ATTACHMENT HAVE INTERGENERATIONAL CONSEQUENCES?

Bowlby suggests that what may be transmitted across generations is an internal working model of attachment relationships. This may be transmitted strongly in situations of stress or terror, when the child's attachment system is most strongly activated. Studies are underway to assess the relationship between behavioral styles in infancy and adult attachment representations (Fiering, 1983; Main & Goldwyn, 1984; 1998; McCormick & Kennedy, 1994). What have researchers found?

In the scoring system of the Adult Attachment Interview, patterns of responses considered to categorize an adult's state of mind with respect to attachment are: autonomous, dismissing, preoccupied, or unresolved.

Adults classified as autonomous are generally thoughtful,

> value attachment experiences and relationships, and freely examine the effects past experiences have had on personal development. They provide balanced, non-contradictory descriptions of one or both parents as loving during childhood, or if they had unfortunate experiences, such as rejection, role reversal, or abuse, they have convincingly forgiven their parents(s) for the maltreatment. (Benoit & Parker, 1994, p.1444)

Dismissing persons dismiss attachment experiences as unimportant for their own development and in raising their own children. Often they cannot remember early events or they report contradictory stories or give idealized descriptions of their parents and their early childhood.

Preoccupied persons are often enmeshed in their early experiences and family relationships, although they have trouble telling a coherent and clear story of their early childhood. Sometimes they are still dependent on their parents; some are intensely angry at parents; some want to please parents overmuch as adults.

When classified as Unresolved, adults seem confused and disoriented when discussing experiences of loss of a loved one or abusive experiences in their past.

Studies using the AAI and the SS show a 66%-82% correspondence between patterns of maternal response to the AAI and their infants' patterns of response in the Strange Situation (Fonagy, Steele, & Steele, 1991). In a meta-analysis of associations between adult attachment representations and child parent attachment, van IJzendoorn (1995) confirmed the positive predictive validity of the AAI.

Benoit & Parker (1994) interviewed (with the AAI) 96 middle-class expectant mothers and their own mothers AAI. The mothers were re-interviewed 11 months after birth. Babies were assessed with the Strange Situation at 12 months. There was a significant concordance between grandmother and mother AAI classifications and a 68% match between pregnancy AAI scores and infant SS scores. Maternal scores were stable from pregnancy until babies were one year.

When there were life changes over time, then insecure classifications were four times as likely as autonomous classifications. More grandmothers were classified "unresolved". Since they were older, they had possibly gone through more losses of significant attachment figures and been involved in more unresolved mourning. When only three AAI categories (leaving out unresolved) were used, then 65% of grandmother-mother-infant triads had corresponding attachment classifications in all three generations.

## 18. TEMPERAMENT AND ATTACHMENT: ARE THEY RELATED?

Some theorists have postulated that perhaps attachment descriptions of infants could be more simply described by noting variations in infant temperament. Babies come in three major temperament personality styles - easy, difficult or feisty, and slow-to-warm up or cautious (Thomas, Chess, & Birch, 1968). Specific temperament characteristics (measured as low, moderate or high) that form these three clusters are: activity level, mood, approach or withdrawal to new persons or experiences; body regularity or rhythmicity; threshold for distress or stress; intensity of response to distress; ability to adapt eventually to changes or stresses; task persistence; and attention span.

Clinicians have indeed found that parents of difficult children are more stressed and their relationships may be more problematical (Stevenson-Hinde, 1991). Yet, when mothers were highly focused on and positively involved with their young babies and they also received support from spousal figures, then even when their infants had difficult temperaments, those babies were just as likely to be securely attached to mother by one year of age (Crockenberg, 1981).

In a fascinating therapeutic intervention with 100 highly irritable first-born babies from low-SES families in Holland, van den Boom (1994) randomly assigned half the infant-mother dyads to intervention and half to control group. Half the babies received a pretreatment assessment and half did not. During 6-month home visits by interviewers (blind to group status)maternal sensitivity and responsiveness were coded. Every three weeks, home visitors focused on enhancing sensitive responsiveness. Moms were taught how to adjust their behaviors to the baby's unique cues, and how to select and carry out effective appropriate responses.

Particularly, moms were taught to become accurate observers of their babies' signals and encouraged to imitate baby behaviors such as vocalizations, while respecting infant gaze aversion by non intrusiveness. The importance of soothing a crying infants was highlighted and individualized for each mother. Playful interactions with toys were also promoted. All infants were videotaped in the Strange Situation at one year. Intervention infants were more sociable, more able to soothe themselves and they engaged in cognitively more sophisticated exploration than controls. Significantly more intervention babies (62%) were securely attached to their mothers at one year compared with control babies (28%).

Temperament is not destiny as far as secure attachment goes! The more we learn to tune in visually and viscerally to infant cues (e.g. for play interactions, soothing, or decreased stimulation), the less the risk of attachment disorders for irritable infants.

## 19. ARE ATTACHMENTS TO FATHER AND MOTHER EQUALLY PREDICTIVE OF LATER SOCIOEMOTIONAL FUNCTIONING?

Although babies form attachments separately to each parent, research suggests that attachments to each parent may have somewhat different social-contextual antecedents (Belsky, 1996; Caldera et al., 1995; De Wolff & van IJzendoorn, 1997).

Meta-analyses of 70 studies showed that "fathers do shape their infant's attachment, but to a lesser extent than mothers" (van IJzendoorn & De Wolff, 1997, p. 607). For mothers, the correlation between parental attachment representation and infant attachment was $r$ = .50; for fathers, the correlation was $r$ =.37. The authors speculate that paternal influences on infant attachment may be **more indirect than direct**. For example, an alcoholic father may impact on a depressed mother so infant attachment to mother is disordered.

Main, Kaplan & Cassidy (1985) reported that the correlation between attachment to mother at one year and security of attachment to mother at 6 years of age was $r$ = .76. The correlation between security of attachment to father at 18 months and at 6 years was lower, $r$ = .30.

Researches also suggest that attachments to mother and to father have differential predictive power. For 40 families whose children had received SS classifications at one year, the child's emotional openness and fluency at six years were strongly related to security of attachment to the mother in infancy ($r$ =.59) but unrelated to infancy SS scores with fathers (Main et al., 1985).

The six years-olds were asked "This little boy (girl's) parents are going away on vacation for 2 weeks. What's this little boy( girl) gonna do?" Children's constructive responses included calling on people to help or actively trying to persuade the parents not to go. These constructive responses correlated $r$ =.59 with child's secure attachment to mother as a baby, but not at all with secure attachment to father ($r$ =.14).

When the 6 year olds were presented with a family photograph, secure children smiled, showed some interest, and put down the photo after a brief inspection. Those who had been insecurely attached (D babies) responded in disorganized ways to the photo. The 6 year old response to the family photo correlated $r$ = .74 with SS attachment status with mothers but was not significantly related to how the babies had been attached to father in infancy.

Thus it seems as if individual differences in early attachment to mother far more than to father, significantly predict child responses at 6 years.

## 20. HOW CAN CHILDCARE PROVIDERS PROMOTE SECURE ATTACHMENT?

We know from therapeutic interventions that insecure attachments can be modified. Lieberman et al.'s work (1991) after one year when infants were 24 months old, confirmed that the intervention group of toddlers was significantly lower (than anxiously attached control toddlers who did not receive treatment) in avoidance, resistance, and anger. The intervention children were higher in partnership interactions with their mothers, who also had higher empathy and interaction scores compared with mothers in the untreated group.

What are some of the small daily gestures, reflections, and activities that help build secure attachment to you - the special caregiving person responsible for the baby or young child in your care during part of the day? (Honig, 1982b; 1985a; 1985b; Wittmer & Honig, 1988). Remember, whether or not the child in your care has one secure attachment to a parent or several secure attachments to parents and grandparents, you are still a special caregiving person to whom that young children can either become securely or insecurely attached. Some of the children you serve will have insecure attachments to one or both parents. In such cases, the importance of your loving responsive and consistent care will be especially important to help build a secure attachment between the child and yourself (Zimmerman & McDonald, 1995). Your sensitivity should be characterized by "promptness, consistency, and appropriateness" (van den Boom, 1997, p.593).

TREAT YOUNG ONES WITH PERSONAL RESPECT

. Treat each child as you would a special, loved person. Give children small courtesies, such as using their names frequently, using calm voice tones rather than zoo-keeper tones, behaving in gracious ways even with children who pose challenges and puzzlements in their behaviors.

. If you need to leave a room to get supplies or go on a break, be sure to explain in words, even to a tiny baby, where you are going, what you are getting, and that you will be back soon. Babies and young children have dignity and need us to share our worlds of intentional actions with them. They count on your availability for nurturance.

. **Model** the kind of warm, yet not intrusive caregiving that helps a baby build confidence in your caring and promotes positive social exchanges.

TOUCH IS SPECIAL;TOUCH IS CRUCIAL

. Touch is a magic secret: make caresses, backrubs and lap time freely available. Offer **massage** time for very young infants daily

and accompany your massages with soothing music.

. Bathe baby's skin and smile with her as she squeezes the washcloth, splashes the water delightedly, and jabbers to you.

. Feed a young baby who cannot yet feed himself, and cheerfully accept that he needs to wave and bang a spoon in his fist as he tries with difficulty to get some food into his own mouth with spoon or finger. Babies want to master tasks themselves. Accept some messiness as part of life with infants. Babies are messy eaters; they drool; they are moist creatures!

. Some children are large or even clumsy for their age. Some children whine a lot; some show anger easily. Children who have been abused often are wary and shy away from adult touch. Yet **each** child needs your loving touch. Provide lap time or snuggle time even for children who seem to avoid adult touches. Rub a child's back at nap or rest time. Stroke a child's hair while you are talking to a small group of children.

ADMIRING GLANCES ENERGIZE CHILD JOY AND CONFIRM CHILD SELF ESTEEM

. Send out admiring glances to tone up a child's body and soul!

. Your smiles and shining eyes confirm for each child that you care, you feel she or he is very special and precious, that you are available if that child has a need or just craves that "refueling" look that re-affirms the intimate relationship you have with each other.

. Look up with genuine interest and try to figure out what baby is communicating when he excitedly babbles, while pointing out to you (with his newly empowered index finger!) a toy across the room. Confirm that you understand his jabbering means that he would like you to pick him up to go get the toy he wants to play with. Admiring glances across a room validate the well-being of a preschooler who looks up toward you for an intimate moment of contact.

TUNE INTO INDIVIDUAL TEMPERAMENT STYLES AND ADJUST FOR THEM

. Become a keen child watcher in your classroom so that you learn the secret language of temperament styles. Is this child triggery, OR cautious/fearful/ OR impulsive/intense? Find ways to enhance the development of each child in your class regardless of whether the child is more fearful, more feisty, more intense, or more irritable. When you tune into temperament style, you learn more intimately about the unique personality of each child and you are better able to form a plan for how you can help that individual child flourish in your classroom (Honig, 1997). Make sure that you give bodily reassurance of caring every day to every child.

SHARPEN YOUR OBSERVATION SKILLS TO NOTICE SMALL CUES

. Your noticing skills will clue you in to the quiet child who needs a warm hug, your focused, personalized attention, some intimate talk together while playing with interesting toys. Small bodily cues from children are your best clues to a child's emotional feelings. They also help you figure out temperament styles that you need to address in special, personalized ways adapted to each child's needs (Honig, 1992a; 1993a; Honig, 1997).

. A withdrawn, shy child may suck a thumb continuously and get less of your attention compared with a forceful, triggery, or demanding child. Some easy youngsters may not demand much attention. But they need you to check in with reassuring and loving looks. They too need quiet touches that tell them how much you care for them, how much you enjoy them as special persons.

. **Tune into signals of distress** and to somatic signals of stress. If baby is fussy or crabby (even if you just have fed her and provided a fresh diaper) respect the baby's signals! Maybe she needs a burp. Maybe she needs a crooning wordless murmuring and pat-pat-pat on her back to settle soundly into sleep. Maybe she needs a ride on the crook of your arm around the room to visit interesting places such as a mirror to grin at her reflection. Maybe she needs you to read her a book, bring a rattle to shake, or a visit to some other babies playing on the floor.

. Notice the preschool child who wanders and cannot settle into an activity with a group of children without a lot of personal support and engagement from you.

. Above all **watch a child's body language**. "Dead" eyes signal that a child is not feeling connected to a loving adult. Stiff shoulders could signal that a child feels she will need to fight or defend herself any minute in the class. Create a mental check list for yourself as you read body signals of each child in the classroom. Teeth grinding at nap time, lashing out at peers, excessive self-stimulation - these body signs are clues that the child's system is tense and unhappy. Your diagnostic skills will boost your ability to create more individualized creature comforts for your children (Honig, 1986a; 1986b).

RESPOND ACCURATELY AND APPROPRIATELY TO CHILD SIGNALS

. Interpret distress signals as accurately as possible and respond appropriately and reassuringly to distress. Your sensitive observations help you tune into each unique child in your care. **Choose the optimal response** for soothing or for encouraging competence and early learning as well as keeping curiosity and joy thriving! (Honig, 1992a).

USE AFFIRMATIVE WORDS THAT ENCOURAGE CHILDREN

. Enter into turn-taking-talk that affirms the importance of each child's communications, no matter how garbled the child's message may be initially.

. Use daily diapering and feeding routines for intimate jabbering communications with babies.

. **Use the magic tonic of encouraging words** to promote a young child's courage in exploratory play, and motivation to persist at difficult learning tasks.

. **Active listening** is a powerful technique that affirms and validates the emotional feelings of young children. Confirm for children that you hear and understand what they are feeling (even when, for example, you cannot allow them to retaliate if another child hits, or to snatch toys they want that instant!). Active listening reassures a child that you understand angers, fears, resentments, for example, and that the child has a right to his feelings and that you can empathize with them even while you firmly forbid and prevent any hurtful actions toward others in your classroom. Your genuine focused attention and careful words affirm the child's personal feelings.

GIVE BOYS AND GIRLS EQUAL CHANCES TO RECEIVE TENDERNESS AND ACHIEVE MASTERY

. Respect child needs for reassurance regardless of child sex; give boys as much cuddle and lap time as girls. Research shows that boy toddlers are even more needy than females! (Honig, 1983; Wittmer & Honig, 1987). Yet boys receive more physical punishment and are less likely to be shown tenderness. The NICHD daycare research revealed that 15 month old boys in fulltime nonparental care were less likely to be securely attached than girls. Teachers need to interact with tenderness toward boys as well as girls!

BECOME KNOWLEDGEABLE ABOUT AGES AND STAGES

. Learn about and understand deeply how babies and young children develop. Knowing norms or **milestones** of development will increase your thoughtfulness in caring for children. For example, then you will not be surprised or annoyed during the "terrible twos" but understand that the brave no-sayer of today will become the yes-sayer of next year. You will understand that the child (growing up in a monolingual household) who has few single words and who has not yet begun to put two words together yet by 2 years needs special help with language enrichment.

. **Know prerequisites too.** If you want a child to succeed at

toilet learning, for example, realize that she must be able to hold urine for several hours, be aware of when a poop is about to come, and use words for "poop" and "pee" (Honig, 1993b). **Windows** of development clue you in as to when you need to worry if a behavior is delayed or well within a wider window of developmental normalcy (Honig, 1989; 1992a).

BE A GOOD MATCHMAKER

. Fine tune your matchmaking skills during activity presentations (Honig, 1982b) so successes are more likely as you lure babies and young children to struggle and try new or different or more difficult tasks. Skillful caregivers not only ensure emotional well being and good mental health for young children, they also enhance the learning careers of the children. (Honig, 1992b).

. Sensitive matchmaking means that caregivers have to be aware of different, more sophisticated emphases in their support for youngsters at different ages and stages (Honig, 1982b). The growth over time in children's emotional, social, and cognitive/linguistic needs challenges our mental and creative ingenuity. We become more accurate in adapting our lessons and requirements and teaching styles to children's changing developmental requirements. With infants, Thompson (1997) has observed:

> Quick and appropriate responsiveness to infant crying may be more central to sensitive responding earlier in the first year, for example, whereas the careful scaffolding of assistance during challenging or threatening experiences may be a more crucial feature of [caregiver] sensitivity by the end of that year. (p.596)

PRACTICE A VARIETY OF POSITIVE DISCIPLINE TECHNIQUES

Firm limit setting, use of logical consequences, explanations, and victim-centered discipline are far more effective techniques in disciplining children than overpermissive or overpunitive control techniques. Build up a wide variety of appropriate discipline techniques in your repertoire (Honig, 1996). Your goal should be to nurture self-control and empathy in young children while building a secure mutually satisfying relationship with each child.

KNOW YOURSELF MORE DEEPLY

. We all have flash points for getting exasperated or feeling badly treated. Most of us can remember times when we had less than optimal family rearing conditions. Some of us received more nurturing than others. But all of us can reflect on our own past history. The more you know your limits, your fears, your joys, your

abilities to act more maturely in the face of stressors, the more intuitively well will you handle challenges in relating to a particular youngster or in reaching through to create intimacy with a child who is difficult to reach. Reflect on yourself and nurture yourself. Find supporting caring friends and intimate others in your own life. Then you will have the inner resources to become the kind of nurturing teacher who will build a positive attachment between each child and yourself in the classroom.

FOCUS ON FEELINGS

. Give little children the words for their feelings: sad, mad, glad, proud, worried, puzzled, wondering, trying hard. As you give them words, children will be less likely to act out frustrated feelings aggressively. They will be more likely be able to express strong negative feelings with words rather than with inappropriate behaviors (Honig & Brophy, 1996; Honig & Wittmer, 1996).

CREATE SONGS TO EXPRESS CHILDREN'S FEELINGS WHEN THEY ARE NEEDY

. Create songs that empathize with your children's feelings, particularly if they are upset about separation from parents or are very tired. Use well-known tunes and repeat a child's name a lot as you sing, in order to keep her or him listening for your reassuring song words. **Use chants and melodies** to ease transition times, so that children will more easily cooperate with classroom rules. They will be more likely to move to another activity you have planned, or settle into nap time after lunch (Honig, 1995).

BE GENEROUS IN AFFIRMING POSITIVE CHILD ATTRIBUTES

. Shower children with positive verbal acknowledgments of their good deeds and prosocial actions. If a child is being patient, or a child is generous, or a child is cooperative, or a child shares, or a child is helpful, be sure to describe such behaviors. Admire the child without gushing. State graciously what you noticed and how the child's actions have helped his or her peers and enhanced the classroom climate (Honig, 1998).

CREATE A SAFE, INTERESTING ENVIRONMENT

. Some children love the clutter and color of classrooms that overflow with materials and pictures everywhere. Some learn better in an environment that is quieter and less visually stimulating.

. Children need clear cues as to what materials can be found in what places. Set up clearly defined activity areas, such as a writing corner, a large block space, a cozy reading space with soft comfy pillows to snuggle into, a couch to sit on with children leaning on you as you read, a water and gooey playdough area, a

sensory experiences area, a puzzle and fine motor skills area, and spaces for large muscle activities (Honig & Lally, 1981). Then children will know where to find activities they choose to engage in.

Construct your environmental areas with clarity, and your children will feel safer and more assured in your classroom.

## UTILIZE BOOKS FOR BIBLIOTHERAPY

. Many books are designed to help children cope with loss, sadness, worry, fears, and angers. Choose books that help children identify with characters in stories who are kind and helpful. Choose books so children can identify with characters who have difficult problems and where the story gradually shows how the character coped in order to succeed in solving the social problem. For infants and toddlers, some good choices would be the MAX books and PIPPO books. For preschoolers, Dr. Seuss books about Horton the friendly, caring elephant would be excellent choices (Honig 1998). Many books exist for adults to read with children in order to help them gain insight and courage to cope with difficult social problems, such as a yelling parent, divorce, living without a daddy, or feeling jealous of a new sibling.

## CHOOSE HUMOR TO DEFUSE SITUATIONS

. Life is lighter with humor. When there is a disagreement or a difficulty, sometimes the light touch, the smile, the wrinkled nose and grin, the funny rhyming words that are silly - all these can defuse what could otherwise become a tug of wills that decreases the chances for building a loving and intimate relationship with young children (Honig, 1988).

## BECOME PARTNERS WITH PARENTS

. Support parent's feelings about how very special they are for their children. Affirm for troubled parents that they can reflect on their past and move on to create more loving relationships than they might have experienced in the past. Provide workshops on empathy, on "win-win solutions to problems" (Gordon, 1970), on normal child development stages, on defensiveness and how to lose fear of not being a perfect parent with a perfect child! (Honig, 1979).

Rejoice that you, the teacher, the professionally trained caregiver with preschool youngsters, can create compassionate partnerships with parents, to help each child flourish in your classroom.

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# ATTACHMENT

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## 20 Questions Parents and Caregivers Ask About Attachment

1. WHO'S WHO IN ATTACHMENT THEORY AND HISTORY?
2. WHAT IS ATTACHMENT?
3. WHAT BEHAVIORAL LANDMARKS INDICATE ACTIVATION OF THE ATTACHMENT SYSTEM?
4. IS ATTACHMENT THE ONLY BEHAVIORAL-MOTIVATIONAL SYSTEM?
5. HOW IS ATTACHMENT MEASURED IN INFANCY?
6. WHAT KINDS OF ATTACHMENT RELATIONSHIPS DOES THE STRANGE SITUATION REVEAL?

   Secure attachment (B babies)

   Insecure attachments:

   Anxious Avoidant (A babies)

   Ambivalent/hesitating/resistive (C babies)

   Dazed/disoriented/disorganized (D babies)

7. DOES A BABY HAVE THE SAME ATTACHMENT TO EACH PARENT AND CAREGIVER?
8. ARE CROSS-CULTURAL ATTACHMENT FINDINGS THE SAME OR DIFFERENT FOR THE USA AND OTHER CULTURES?
9. HOW STABLE IS ATTACHMENT CLASSIFICATION OVER TIME?
10. HOW POWERFULLY DOES CHILD ABUSE AFFECT ATTACHMENT?
11. IS INFANT ATTACHMENT CLASSIFICATION RELATED TO LATER CHILD COMPETENCE AND PROBLEM MASTERY?

12. DOES EARLY MATERNAL RETURN TO EMPLOYMENT AFFECT INFANT ATTACHMENT?

13. HOW IS ATTACHMENT MEASURED BEYOND INFANCY?

14. ARE PRESCHOOLERS' INTERACTIONS WITH PEERS AND TEACHERS RELATED TO THEIR EARLIER ATTACHMENT TO PARENTS?

15. HOW PARENTS AND TEACHERS GET ALONG: DOES THAT AFFECT INFANT ATTACHMENT TO TEACHER?

16. ARE THERE DIFFERENCES IN ATTACHMENT FINDINGS FOR BOYS AND GIRLS?

17. DOES ATTACHMENT HAVE INTERGENERATIONAL CONSEQUENCES?

18. TEMPERAMENT AND ATTACHMENT: ARE THEY RELATED?

19. ARE ATTACHMENTS TO FATHER AND MOTHER EQUALLY PREDICTIVE OF LATER SOCIOEMOTIONAL FUNCTIONING?

20. HOW CAN CHILDCARE PROVIDERS PROMOTE SECURE ATTACHMENTS?